

**Abstract 181**

**TITLE:** Correlates Of Sexual HIV Transmission Risk Behaviors Among HIV+ Men Who Have Sex With Men

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**BACKGROUND/OBJECTIVES:** Behavioral interventions designed to reduce the transmission of HIV among HIV seropositive (HIV+) persons are urgently needed. Correlates of HIV sexual risk transmission behaviors among urban HIV+men who have sex with men (MSM) were examined.

**METHODS:** A cross-sectional sample of sexually active, ethnically diverse, HIV+MSM residing in New York City or San Francisco (N =463) was recruited to participate in the Seropositive Urban Men 's Study, funded by the Centers for Disease Control and Prevention. Men were recruited through both active (face-to-face contact with potential participants)and passive (friendship referrals and postings of study information)strategies through mainstream gay venues (bars, bookstores, street recruitment), public sex environments (bathhouses, sex clubs, parks, cruising areas), and AIDS Service Organizations. Participants completed qualitative interviews and quantitative surveys addressing a variety of issues, including sexual risk behaviors, related psychological predictors, substance use, and treatment/health status.

**RESULTS:** Among the 463 men, 26.4%reported unprotected anal intercourse (insertive or receptive) with an HIV-or unknown status non-primary partner in the past three months. HIV sexual transmission risk behaviors were related to (1) Motivational factors --belief that the partner is responsible for protection ( $t=3.65$ ,  $p<.001$ ); (2) Emotional factors --temptation for unsafe sex ( $t=3.94$ ,  $p<.001$ ); sensation seeking ( $t=2.34$ ,  $p<.05$ ); hedonistic outcome expectancies ( $t=3.25$ ,  $p<.01$ ); anxiety ( $t=2.71$ ,  $p<.01$ ); depression ( $t=2.89$ ,  $p<.01$ ); (3) Skills factors --self efficacy for condom use ( $t=3.56$ ,  $p<.001$ ); and (4) Contextual factors -- alcohol or recreational drug use before sex ( $\chi^2=7.92$ ,  $p's<.05$ ); looking for sex partners in a sex club or bathhouse ( $t=3.14$ ,  $p=.002$ ); Path models have been fit to the data, and we will discuss how these correlates are interrelated, as well as how the correlations are moderated by city, relationship status/partner type, ethnicity, and other socio-demographic variables.

**CONCLUSIONS:** These results suggest the development of behavioral risk-reduction programs for urban HIV+MSM that emphasize protection of own's health and responsibility for others, reductions in depression and anxiety, and that promote self-efficacy for condom use. Further, such interventions should consider the contextual aspects of substance use and use of public sex environments.

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